

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mc</i>		2/1/99
O.I.P.E. CLASSIFIER		16	2399
FORMALITY REVIEW	<i>ARB</i>	<i>1616909</i>	2-9-99

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
(Through numeral)	Canceled	A	Appeal
-	Restricted	O	Objected

Claim		Date	
Final	Original		
1	9		
2	4		
3	3		
4	2		
5	1		
6	0		
7	9		
8	8		
9	7		
10	6		
11	5		
12	4		
13	3		
14	2		
15	1		
16	0		
17	9		
18	8		
19	7		
20	6		
21	5		
22	4		
23	3		
24	2		
25	1		
26	0		
27	9		
28	8		
29	7		
30	6		
31	5		
32	4		
33	3		
34	2		
35	1		
36	0		
37	9		
38	8		
39	7		
40	6		
41	5		
42	4		
43	3		
44	2		
45	1		
46	0		
47	9		
48	8		
49	7		
50	6		

Claim		Date	
Final	Original		
51	51		
52	52		
53	53		
54	54		
55	55		
56	56		
57	57		
58	58		
59	59		
60	60		
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99	99		
100	100		

Claim		Date	
Final	Original		
101	101		
102	102		
103	103		
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150	150		

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here